



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
**INDIVIDUAL INCOME TAX
PAYMENT REQUEST**

FORM

4338

(REV. 8-2001)

DLN

GENERAL INFORMATION

In the event that you are unable to pay the entire income tax amount due in full, a tax payment agreement may be requested by submitting this completed form. Before a payment agreement can be considered, all tax returns must be filed.

Please specify the amount of the monthly payment you propose to make. Payment agreements, **if approved**, will be for no longer than a twelve month term, and require a down payment of twenty-five percent. We encourage you to make your payments as large as possible to reduce the interest you must pay. Please attach this form to the front of your tax return, and our office will notify you within sixty days if your request was approved/denied, or if additional information is needed.

If you require additional assistance or have questions, you may contact a phone collection specialist at (573) 751-7200.

Please mail completed form to: Missouri Department of Revenue, Personal Tax, P.O. Box 385, Jefferson City, MO 65105-0385.

YOUR NAME (AS SHOWN ON THE TAX RETURN)

YOUR SOCIAL SECURITY NO.

SPOUSE'S NAME

SPOUSE'S SOCIAL SECURITY NO.

ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

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PLACE OF EMPLOYMENT (SINGLE/HUSBAND)

BUSINESS TELEPHONE NUMBER (EXTENSION, IF ANY)

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PLACE OF EMPLOYMENT (SPOUSE)

BUSINESS TELEPHONE NUMBER (EXTENSION, IF ANY)

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TAX YEAR(S)

PROPOSED MONTHLY PAYMENT AMOUNT

PROPOSED MONTHLY PAYMENT DATE

YOUR SIGNATURE

DATE

SPOUSE'S SIGNATURE (IF APPLICABLE)

DATE

Additional forms may be obtained by contacting 1-800-877-6881.